

IBX Work-site Learning Internship Student-Parent-School Agreement

The Work-site Learning Internship Program is designed to give students a broad understanding of a business or an occupational area, and with coordinated activities, develop both job-related and academic skills. To meet this goal, there are responsibilities each student must understand and agree to cooperate in carrying out. As a participant in the program, you must assume the following responsibilities:

1. To realize that I am under the jurisdiction of the school throughout my total learning experience, and that the worksite employer will provide appropriate adult supervision while I am on the job.
2. To perform all my duties and related study assignments to the best of my ability.
3. To ask for help or additional training if I feel unsafe or uncomfortable performing any tasks assigned to me.
4. To know that I must maintain a passing grade in my related class to receive credit.
5. To maintain appropriate work place appearance (grooming, hygiene, uniform if required).
6. To be punctual on the job and all functions related to my learning experience.
7. To call my supervisor as soon as I know that I will be late to work or absent from work.
8. To know that I am not permitted to work on days that I do not attend school (school year only).
9. To recognize the importance of regular attendance and give my Internship Instructor/Coordinator the right to discuss my attendance with my employer.
10. To agree not to quit or change jobs without first discussing the situation with my Internship Instructor/Coordinator.
11. To complete all required forms given to me by my employer within one (1) week of my start date.
12. To document hours, submit weekly journals, examples of work and Reflection paper in order to receive academic credit.
13. To allow the Internship Instructor/Coordinator to inform the employer as to my progress (or lack of progress) in school, or any other situation that may affect my performance in this program.
14. To understand that dishonesty at work, in the community or at school may be grounds for dismissal and/or result in a failing grade or loss of credit(s).

I have read and fully understand the above statements, and agree to cooperate in carrying them out. Failure to do so may result in dismissal from the program and loss of credit(s).

Student Name (printed)	Student Signature	Date
Parent/Guardian Name (printed)	Parent/Guardian Signature	Date
Internship Instructor/ Coordinator Name	Internship Instructor/ Coordinator Signature	Date

Student Transportation:

Transportation to and from the work site is the sole responsibility of the student and his/her parent/guardian.

Parent/Guardian Signature

Date

